Estancia High School Emergency Directory Card

New Employees-Please complete and return to the Office Manager ASAP

Today's Date: _____

Name: _____

Cell Number: _____ Home Number: _____

Address: _____

City: _____ Zip: _____

Job Title: _____

Email Address (other than NMUSD) _____

Birthday (month/day only) _____

<u>Please list 2 emergency contacts:</u>

1. **Name: _____**

Relationship: _____ Cell Number: _____ Home Number: _____

Employer including address and work number: _____

_____

2. **Name: _____**

Relationship: _____ Cell Number: _____ Home Number: _____

Employer including address and work number: _____

_____

<u>Other important information: Medications, allergies, health problems:</u>

_____

Last Name Only: _____